# Health Care Financing Notes

Medicare: Inpatient Use of Short-Stay Hospitals, 1979

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Medicare: Inpatient Use of Short-Stay Hospitals, 1979 1/

By Charles Helbing

This Note presents preliminary annual estimates on the use, charges, and amounts reimbursed for Medicare aged and disabled Hospital Insurance (HI) enrollees discharged from participating short-stay hospitals during 1979. Data are shown for aged and disabled beneficiaries by State of residence. Trend data for the years 1969 to 1979 are also shown.

Prior to 1973 persons aged 65 years and older constituted the entire Medicare population and thus the HI program covered only these individuals. Starting July 1973, the Medicare HI benefits were extended to classes of persons under 65 years of age. These were persons entitled to cash benefits for not less than 24 consecutive months under the disability insurance program and to persons with end-stage renal disease (ESRD).

The accompanying general tables in this report present the following:

Table 1 - Shows the ten year trends on the use and reimbursements

for short-stay hospital services under the Medicare HI program,

by type of beneficiary, 1969-79.

<sup>1/</sup>This Note is one of a series prepared in the Office of Research, Judith Lave, Director, to provide a description and analysis of the use and cost of the health care benefits furnished to the beneficiaries of the Medicare and Medicaid programs administered by the Health Care Financing Administration. This Note was written under the administrative supervision of Allen Dobson, Director, Division of Beneficiary Studies. The statistical files used for this Note were developed and maintained by the Office of Statistics and Data Management in the Bureau of Data Management and Strategy. The programming services for the production of the tables were provided by Vikki Latta, Betty Gunn, and Cheryl Black.

Table 2 - Shows the use and reimbursements for short-stay hospital services by aged Medicare HI beneficiaries, by region, division, and State, 1979.

Table 3 - Shows the use and reimbursements for short-stay hospital services by disabled Medicare HI beneficiaries, by region, division, and State, 1979.

The data shown in Tables 2 and 3 are incomplete to the extent that an estimated 2 percent of the short-stay hospital discharge records for 1979 were not included in the file used to prepare this report. Therefore, annual discharge and days-of-care rates per 1,000 Medicare HI enrollees are not reported in this Note. Since it is helpful to have some means of comparing the relative frequency of discharges and days of care between geographic areas, a discharge rate index and a days-of-care rate index by U.S. Census divisions were developed. These indices are shown in Table A.2/

Trends in Enrollment, Utilization, and Reimbursement

### All Beneficiaries, 1969-79

. The number of persons enrolled in the Medicare HI program increased from 20.0 million in 1969 to 27.5 million in 1979 - an average annual increase of 3.2 percent.

<sup>2/</sup>A detailed description of the methodology utilized to generate the indices is given in the text discussing the data in Table A.

- Discharges of HI enrollees from short-stay hospitals increased from 5.9 million in 1969 to 9.6 million in 1979, an average annual increase of 5.1 percent.
- . Total days of care (covered and non-covered) used by Medicare HI enrollees increased from 79.8 million in 1969 to 101.8 million in 1979, an average annual increase of 2.5 percent.
- when Medicare coverage was extended in 1973 to the disabled and to persons with ESRD. This is shown when the data for the aged and disabled are examined separately.

### Aged, 1969-79

- The number of aged persons enrolled in the Medicare HI program increased from 20.0 million in 1969 to 24.5 million in 1979 an average annual increase of 2.1 percent.
- Between 1969 and 1979, the number of short-stay hospital discharges of aged beneficiaries increased from about 5.9 million to an estimated 8.5 million, an average annual increase of 3.8 percent. During this period, the average length of hospital stay declined from 13.6 days in 1969 to 10.6 days in 1979 a decrease of about 22 percent. The total days of care (covered and non-covered), therefore, increased at a slower pace than the increase in the number of discharges, from 79.9 million to 90.3 million, an average annual increase of 1.3 percent.

- Over the period from 1969 to 1979, Medicare HI reimbursement for short-stay hospital services to the aged almost quadrupled, going from \$4.1 billion to \$16.0 billion, an average annual rate of increase of about 14.6 percent.
- . The average reimbursement per discharge increased from \$706 to \$1,889 (an average annual increase of 10.4 percent) though the average length of "covered" stay per discharge decreased from 13.4 to 10.4 days. 3/
- in 1979, an average annual rate of increase of about 13.1 percent.
- services to the aged between 1969 and 1979 was primarily a function of the increased cost of hospital care as measured by reimbursement per day. Since the total days of covered care per 1,000 aged HI beneficiaries (covered days of care rate) has remained relatively stable since 1971, the increase in the reimbursement per day accounted for most (about 86 percent) of the increase in total short-stay reimbursements. The

<sup>3/</sup>Covered days per stay are less than the total length of stay because not all days of hospitalization are covered by the program. In some cases, the total length of stay exceeded the benefits provided by the program, or did not meet the other requirements for coverage under the program.

remainder of the increase in total reimbursements was due to the increase in the HI enrollment of the aged during this period. 4/

Between 1969 and 1979, total hospital charges increased from \$5.3 billion to \$22.7 billion, or at an average annual rate of 15.7 percent compared to 14.6 percent for reimbursements. Therefore, Medicare HI reimbursements decreased from 78.5 percent of charges in 1969 to 70.6 percent of charges in 1979.

# Disabled, 1974-79

- Between 1974 (the first full year that the disabled were covered under HI) and 1979, the number of disabled persons enrolled in the HI program increased from 1.9 million to 2.9 million an average annual increase of 8.6 percent.
- During this period, the number of discharges of disabled beneficiaries from short-stay hospitals increased from 0.6 million to 1.2 million, an average

<sup>4/</sup>These estimates are based on the algebraic relationship that the amount reimbursed by Medicare for inpatient hospital use in any given year is the product of three factors: the covered days-of-care rate, the total aged HI enrollment and the average reimbursement per covered day. percentage change in the amount reimbursed by Medicare is the sum of the percentage changes in each of these three factors. When the formula is applied to apportion the sources of increase over a longer period of time, an "interaction" effect may be present. The interaction involves the combined effects of the individual factors acting together. For a detailed discussion of methods used to apportion interaction effects refer to Herbert E. Klarman, et al., "Sources of Increases in Selected Medical Care Expeditures, 1929-1969." U.S. Department of Health, Education. and Welfare; Social Security Administration; Office of Research and Statistics: Staff Paper No. 4, 1970. The above estimates are based on the computations of Charles Helbing in "Ten Years of Short-Stay Hospital Utilization and Costs Under Medicare: 1967-1976", Health Care Financing Research Report, Health Care Financing Administration, Publication No. 03053, August 1980.

annual increase of 14.2 percent. The average length of stay per discharge decreased during this period from 11.2 to 9.9 days — a decrease of approximately 12 percent. As a result of these offsetting effects, the total days of care used by the disabled increased at a slower rate than the number of discharges — an average annual rate of 11.6 percent — from 6.6 million days to 11.5 million days.

- Medicare HI reimbursement for short-stay hospital services to the disabled more than tripled, going from \$628 million (in 1974) to \$2.2 billion (in 1979) an average annual rate of increase of about 28 percent.
- The average reimbursement per discharge increased from \$1,055 in 1974 to \$1,855 in 1979 (an average annual rate of increase of about 11.9 percent) despite the decrease from 10.8 to 9.6 days in the average length of covered stay.
- . The average reimbursement per covered day increased from \$98 in 1974 to \$193 in 1979, an average annual rate of increase of about 14.5 percent.
- Between 1974 and 1979, the increase in the reimbursement per covered day accounted for approximately 54 percent of the increase in total short—stay hospital reimbursements to the disabled. About 33 percent of the increase in total reimbursements was due to a rate of increase in the enrollment of the disabled (8.6 percent per year) which was about 4 times greater than that of the aged during the same period. The remainder

of the increase was due to the increase in the covered days of care per 1,000 disabled HI enrollees. 5/

Between 1974 and 1979, total hospital charges increased from \$0.9 billion to \$3.1 billion, or at an average annual rate of 30 percent compared to 28 percent for reimbursements. Therefore, Medicare HI reimbursements decreased from 73.3 percent of charges in 1974 to 68.8 percent of charges in 1979.

Use, Charges, and Reimbursements in 1979

## Aged, 1979

- The 8.5 million discharges of aged beneficiaries occurring in 1979 accounted for 90.3 million days of short-stay hospital care. The mean length of stay per discharge was 10.6 days. Of the total 90.3 million days of care, 88.0 million days (97.5 percent) were covered days, that is, paid for in full or in part by the HI program.
- billion. Of this total, Medicare patients were responsible for approximately \$1.5 billion (7 percent) in non-reimbursable charges (deductibles, coinsurance, and other noncovered services). On an interim basis, the HI program reimbursed the hospitals \$16.0 billion about 71 percent of total hospital charges. Additional retroactive year-end payments based

<sup>5/</sup>See Klarman, et al., Ibid, Appendix, Method Number 5.

on audited cost reports are estimated to be about \$0.7 billion (3 percent) of total hospital charges. The remainder - about \$4.5 billion (19 percent) of total hospital charges - represents non-recoverable charges billed by the hospital since Medicare reimbursement is based on "reasonable costs." 6/

- . There were substantial geographic differences in use and reimbursements for short-stay hospital services to aged beneficiaries.
  - .. Among the four U.S census regions, the average length of covered stay ranged from 8.6 days in the West to 12.4 days in the Northeast. The mean reimbursement per discharge ranged from \$1,545 in the South to \$2,272 in the Northeast. The mean reimbursement per covered day ranged from \$159 in the South to \$246 in the West.
  - .. Among the 50 States, the average length of covered stay ranged from 7.6 days in Idaho to 14.0 days in the District of Columbia, the mean reimbursement per discharge ranged from \$1,112 in Arkansas to \$3,668 in the District of Columbia.

### Disabled, 1979

. The 1.2 million discharges of disabled beneficiaries occurring in 1979 accounted for 11.5 million days of short-stay hospital care. The mean

<sup>6/</sup>Interim Medicare payments are intended to meet program obligations for the reasonable costs of services to beneficiaries on a current basis. The amount of payments are based on estimates of incurred costs. These are adjusted following the submittal of audited cost reports. For a detailed discussion of the composition of short-stay hospital charges, refer to Charles Helbing, Op. Cit.

length of stay per discharge was 9.9 days. Of the total 11.5 million days of care, 11.2 million days (97.1 percent) were covered days, that is, paid for in full or in part by the HI program.

- As reported for the aged, utilization and reimbursements for short-stay hospital services to the disabled varied considerably by the geographic residence of the beneficiary.
  - .. Among the four U.S census regions, average length of covered stay ranged from 8.2 days in the West to 11.3 days in the Northeast. The mean reimbursement per discharge ranged from \$1,486 in the South to \$2,182 in the Northeast. The mean reimbursement per covered day ranged from \$166 in the South to \$259 in the West.
  - .. Among the 50 States, the average length of covered stay ranged from 6.9 days in Idaho and Montana to 13.2 days in the District of Columbia.

    The mean reimbursement per discharge ranged from \$1,059 in Arkansas to \$3,717 in the District of Columbia.
- Disabled beneficiaries had an average length of covered stay of 9.6 days compared to 10.4 days for the aged. The average reimbursement per discharge was slightly less for the disabled (\$1,855) than the aged (\$1,889).

Short-Stay Hospital Utilization Indices, 1979

Data presented in this Note are based on discharge records processed and recorded in HCFA as of December 1980. Because an estimated 2 percent of the discharge records for 1979 had not been processed as of December 1980, the 1979 data (Tables 2 and 3) should be regarded as preliminary. 7/ Since the rate of record processing may vary across the States, the annual discharge and days of care rates are not shown for the individual States in Tables 2 and 3. However, the percentage of completeness of the file is assumed to be more uniform at the census region and division levels. For this reason, the preliminary discharge rate (discharges per 1,000 enrollees) and the total days-of-care rate (total days of care per 1,000 enrollees) for each census region and division (Table A) are indexed to the national rate. This provides a measure of relative difference between census regions and divisions in the use of short-stay hospital services. The index shows the percentage above or below the national rate that a region or division falls in a specific use measure.

The index is derived by dividing the preliminary region and division utilization rates by the preliminary rate for the U.S. For example, if the preliminary data showed that the national discharge rate was 300 per 1,000 HI beneficiaries and the rate for census region A was 330 per 1,000, the discharge rate index for region A would be 110, or 10 percent above the national rate. On the other hand, if region B had a discharge rate of 270

<sup>7/</sup> A more comprehensive analysis based on the availability of additional data is presented in the Health Care Financing Statistical Report series.

Table A-Discharges, Utilization Indices, and Average Length of Stay in Short-Stay Hospitals Under the Medicare HI Program, By Geographic Region and Division, 1979

		Annual Dis-	Annual Days-	Average	-
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United States 3/	8,426	100	100	100	10.6
Regions					
Northeast	1,795	88	109	124	13.1
North Central	2,386	105	107	102	10.8
South	2,957	109	100 -	92	9.8
West	1,287	92	76	83	8.8
Divisions ;					
New England	465	91	103	113	12.0
Middle Atlantic	1,330	87	111	127	13.7
East North Central;	1,522	101	107	107	11.3
West North Central;	864	115	108	93	9.9
South Atlantic ;	1,378	99	96	97	10.3
East South Central!	635	118	107	92	9.7
West South Central!	944	119	103	87	9.2
Mountain	339	98	82	84	8/9
Pacific	948	90	74	83	8.8
		Disabled B	eneficiaries		
Jnited States 3/	1,153	100	100	100	9.9
Regions					
Northeast	227	89	107	120	11.9
North Central	286	106	113	106	10.5
South	456	106	97	92	9.1
West	182	94	80	85	8.4
Divisions ;					
New England	51	90	97	107	10.6
Middle Atlantic	175	88	109	124	12.3
East North Central!	203	103	113	110	10.9
West North Central;	83	114	112	98	9.7
South Atlantic	222	102	98	96	9.5
East South Central	112	114	102	89	8.8
·	122	105	97	88	8.7
West South Central:	1//				
West South Central; Mountain	43	96	83	86	8.5

<sup>1/</sup> Ratio of annual rates per 1,000 enrollees in subdivisions to U.S.rate, times 100.

<sup>2/</sup> Ratio of average length of stay in subdivision to average for U.S times 100.

<sup>3/</sup> Excludes Puerto Rico, Virgin Islands, and other enrollees outside the 50 States and the District of Columbia.



per 1,000 HI beneficiaries, its index would be 90 or 10 percent below the national rate.

### Aged, 1979

- . Hospital use by the aged in the United States varied substantially among the nine U.S. census divisions.
  - .. The annual discharge rate index ranged from 87 in the Middle Atlantic States to 119 in the West South Central States.
  - .. The annual total days of care rate index ranged from a low of 74 in the Pacific States to a high of 111 in the Middle Atlantic States.
  - .. The average length of stay index ranged from 83 in the Pacific States to 127 in the Middle Atlantic States.

# Disabled, 1979

- . The short-stay hospital utilization patterns for the disabled were quite similar to those for the aged as described above.
  - .. The annual discharge rate index ranged from 88 in the Middle Atlantic States to 114 in the West North Central and East South Central States.
  - .. The annual total days of care rate index ranged from 79 in the Pacific States to 113 in the East North Central States.
  - .. The average length of stay index ranged from 85 in the Pacific States to 124 in the Middle Atlantic States.

Sources and Limitations of Data

Data for a 20 percent sample of the insured population were derived from billing forms for inpatient hospital services submitted for payment by participating short-stay hospitals.

Information from the billing form is matched to the Health Insurance Eligibility master file which contains information on enrollee demographic characteristics. The discharge record is then matched to the Provider of Service master file which contains information on the characteristics of each participating hospital.

Data presented in this Note are based on discharge records processed and recorded as of December 1980. As a result, 1979 data should be regarded as "preliminary" since an estimated 2 percent of the discharge records for 1979 had not been processed for payment as of December 1980. The sample counts for 1979 have been multiplied by 5 to give an estimate of the total number of discharges recorded as of that date.

### DEFINITIONS

Days of Care - A day of inpatient hospital care during which services were furnished to a person eligibile for hospital insurance benefits. The day of discharge is not counted as a day of care.

Covered Days of Care - A day of inpatient skilled nursing hospital care during which the services (determined to be medically necessary by the Professional Standards Review Organization or the Utilization Review Committee) furnished to a person eligibile for HI benefits are covered by Medicare. The day of discharge is not counted as a day of care.

Discharge - The formal release of a patient from a hospital. Discharges include persons who died during their hospitalization or were transferred to another hospital.

Reimbursement - Payments under the HI program which are shown in the Note are based on interim reimbursement rates reported on processed bills. The interim rates are established as a per diem amount or as a percentage of total charges. Figures shown exclude amounts for which the patient is responsible such as deductibles, coinsurance, and charges for noncovered services. The final amount of reimbursement due under Medicare to each provider of medical services is determined after the end of the fiscal year on the basis of the providers' audited reasonable costs of operation.

Short-Stay Hospitals - Those hospitals where the average length of stay is less than 30 days. General and special hospitals are included in this category.

State - Refers to the State where the beneficiary is living not the State where he or she received services.

Tables 4 through 9 show approximate standard errors for estimates presented in this report. The standard error is a measure of sampling variability: the variation ocurs by chance because a sample rather than the whole population is used. Approximate methods were used to calculate the standard errors at a reasonable cost. Thus, these tables should be used only as indicators of the order of magnitude of the standard errors for specific estimates.

TABLE 1

USE OF SHOAT STAY HOSPITAL SARVICES BY MEDICARE HOSPITAL INSURANCE (HI) BENEFICIARIES: NUMBER OF HI ENROLLEES AND DISCHARGES, DAYS OF CARE, CHARGES, AND REIMRURSEMENT BY TYPE OF BENEFICIARY, CALENDAR YEARS, 1969-79

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PAIDE TO 1973. SERVICES WERE COVERED ONLY FOR BENEFICIARIES AGED 65 AND OVER. EFFECTIVE JULY 1. 1973. HI BENEFITS WERE EXTENDED TO PERSONS UNDER 65 YEARS OF AGE WHO WERE FITTLED TO CASH BENEFITS FOR NOT LESS THAN 24 CONSECUTIVE MONTHS UNDER THE DISABILITY INSURANCE PROGRAM AND TO PERSONS WITH END-STAGE RENAL DISEASE (ESRD).

# 27 PATLIMINARY ESTIMATES.

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TABLE 2

USE OF SHOPE STAY HOSPITAL SPRVICES BY AGED MEDICARE HOSPITAL INSURANCE (HI) RENEFICIARIES: NUMBER OF DISCHARGES.
DAYS OF CARE. CHARGES. AND REIMBURSEMENT BY REGION. DIVISION. AND STATE. 1979

		STEY CI	ENGTH OF IN DAYS)	DAY	S OF C	ARE	TOTAL	CHARGES		REIMBUR	EIMBURSEMENT	
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SOUTH CAROTA	58,750	8.1	α • υ	336	331	8	11	• 68	194	9 • 2		ů

TABLE 2

USE OF SHERT STAY HUSPITAL SERVICES BY AGED MEDICARE HOSPITAL INSURANCE (HI) BENEFICIARIES: NUMBER OF DISCHARGES.

DAYS OF CARE. CHARGES. AND REIMBURSEMENT BY REGION. DIVISION. AND STATE. 1979

		NF4% LE STAY (I	NOTH OF N DAYS)	AG	YS OF C	ARF	TOTAL	CHARGE	s	REIMB	BURSEMENT	
		TOTAL	COVERED	TOTAL	000	ERED						
	NUMBER	PER DIS-	PER DIS-	MBE	4BE	RCE	CIN	~ s	PER	AMOUNT	a 0	A C
APEA OF RESIDENCE	DISCHARGES	CHARGE	A A	SANDS)	SANDS	TOTAL	THOU-	CHARGE		SANDS	A R	TOTAL
SOUTH ATLANTIC	1,377,620	10.3	0	9	<b>I</b> ~	8	0,20	.45	M	9846	\$72	0
AWAKE	18 + 275		11.3	212	206	97.0	50,390	2 • 757	237	37,781	2,067	75.0
DIST OF COLUMBIA	18 125	•		26	2.0	÷ a	84,97	* 63 4 2 3	<b>⊸</b> α	66,48	4 6 7 8 8	÷ -
F LOKIDA	187.450				- 4C	ο α	349.29	7.6	0 0	36.46	9 6	
CE CA	111,250		2 0	4 0	939	00	45,07	100	4	95,11	,65	(D)
MONTH CAROLINA	192,385	0		0	00	8	0,26	992	8	4 9 9 9	• 42	4
SOUTH CAROLINA	85,430	0	ů	86	85	9.	70 + 70	664	0	19,32	•39	6
F G 1	163,040	•	÷	0	~	<b>.</b>	96 60	•51	₩,	75,24	968	
WEST VIRGINIA	89 9505	ċ	•	9	<b>0</b> 0	œ	87,86	60.	-	23,92	9 2 8	9
EAST SOUTH CENTRAL				• 15	• 00	6	85,99	• 02	0	37,79	, 31	သိ
ALAB		9.3	•	•58	•57	6	80,74	•24	4	35,84	•38	÷
KENTUCKY	152,705	9.5	9.4	1,446	1,431	0.66	268,161	1,756	185	196,921	1,250	73.4
MISSISSIBPI	120,825	6.6	•	• 19	• 18	<b>.</b>	17,08	• 79	ω,	41,35	•17	e c
TENNESSEE	192,005	•	•	• 92	90	6	20,00	• 18	-	63,66	• 57	,
IN STATE OF THE STATE AL		•	•	466	9.60	6	1.71	• 01	-	51.26	6 4 3	1.
ARKANSAS	128,905	8.7	8 • 6	1,122	1,113	99.1		1,723	197		1,112	64.5
LOUISIANA	149,100		•	<b>•3</b> 8	,37	.6	4 9 8 4	,11	S	18,47	• 39	9
GKLAHOMA	143,935	8.9	•	,28	,28	6	302,57	•10	M	14,95	• 49	1.
TEXAS	522,515	•	•	987	•83	6	2 • 2 0	• 03	-	84,49	• 50	e M
2 × × × × × × × × × × × × × × × × × × ×	338.515			-	- 7	7	84 - 03	.31	S	80.13	.71	4
ART 70N	87.	9.6	9.1		79	93.5	231,576	2,632	276	165,041	1,876	71.3
CGLOSADO	A5 9 4 4 0		•	N.	0	e	99,40	• 33	4	50+52	•76	5
CHACI	\$ 52	7.7	•	4	4	å	7,31	• 8 1	m	6 4 6 4	• 40	7
POR TANA	63	•	•	4	4	<b>.</b>	5,94	• 76	N '	3 + 5 5	937	-
- (	φ. c	•	•	9	0 0	ů,	0,61	9.50	o c	8 9 5 6	926	
TAN TEXTO	30.400	7-7	• •	O M.	N 10	• 6		10	7	9.91	6.0	
SMIMOAM	. 83	9.0	80	M	131	8	7,12	•82	0	1,31	443	æ
PACIFIC	948,165	80	•	8,346	8,159		1,50	• 0 •	ഹ	4 4	+27	60
ALASKA	3,240		•	M	~	3	11,12	• 43	9	8 + 5 8	•65	7.
CALIFORNIA	707,050	•	•	9	_	7	7,64	• 39	7	8,10	,41	;
INTER	17,115	•	•	۷,	9	3	49,63	90	-	37,34	18	ŝ
OREGON	137,380	 	2.0	1.56	1.021	0 0 0 0 0 0	263,833	2,024	284	222,9451	1,941	ສຸດ ຄຸດ ຄຸດ ຄຸດ
		•	•	)	,			)	•			
RESIDENCE UNKNOWN	795	12.3	11.9	10	6	9.96	2,478	3,117	253	1,790	2,251	72.2
OTHER AREAS	55,140	10.4	•	575		7	,71	,37	3	,21	0	æ
PUERTO RICO	53,945	10.4	10.1	559 15	544 15	97.2	73,348	1,360	131	42,647 1,569	791	58.1 66.4
			,	)					ļ			
FOREIGN	2,020	11.2	11.0	23	22	98.3	7,689	3,509	314	5+046	2,498	71.2

TABLE 3

USE OF SHORT STAY HUSPITAL SERVICES BY DISABLED MEDICARE HOSPITAL INSURANCE(HI) BENEFICIARIES: NUMBER OF DISCHARGES.

Cays of care, charges, als reimpursement by region, division, and state, 1979

		STAY C	LENSTH OF (IN DAYS)	r A C	YS OF C	A n	TOTAL	CHARGES		REIMBU	MBURSEMENT	
		TOTAL	COVERED	TOTAL	000	ERED						
301201828 40 428K	NUMBER OF OISCHARGES	PER DISC CHANGE	PER DIS- CHARGE	CIN THOU-	NUMBER CIN THOU-	PERCENT OF TOTAL DAYS	AMOUNT (IN THOU-	PER DIS- CHARGE	PER DAY	AMOUNT CIN THOU-	PER DIS- CHARGE	PERCENT OF TOTAL CHARGES
ALL APEAS UNITED STATES	1,160,525	5 C	0 0	11,502	11,163	97.1 97.1	\$3,128,866 3,117,930	\$2,696 2,705	\$272	\$2,152,903 2,146,590	\$1,855 1,862	68.8 68.8
V   V   V   V   V   V   V   V   V   V	226.465	-	-	6.49	7.7	r.	67.59	1°	σ0	95.0		
*OPTH CENTOAL	285.396			01	93	7	97.51	. 78	•	82,1	• 03	
T F O O	456,185 182,335	3.4	0 a	4 • 160 1 • 539	4,086 1,491	09.2 95.8	1,006,588 537,300	2,207	241	677,906	1,486	67.3
AES EVOLAND	51.483	10.6	о С	す	517	4	3. 5.	9 6 8	α	1 • 92	•17	٥,
CGTMEGITCUT	10,660	7			110	~	29,45	• 76	9	23,66	• 22	0
111 127 127 127 127 127 127 127 127 127	6 + 5 5 3		æ	9	9	S	6+21	• 37	S	1,58	<b>69</b>	ī
SEED/ODED/COME	23.035	-			3 7 7	2	9040	947	0	5,75	• 42	· ·
THE STATE OF THE S	10 c c c c c c c c c c c c c c c c c c c	x -			D (4)	<b>80</b> v	8 6 8	4 CL	σ,	4 (4)	4.00	°,
VERNONE	3,275		9.2	5 4	27	7.96	6+317	1,929	226	4 + 937	1,507	78.2
U CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	11 6 7	*					;					
プログロード はいのはつ ではだ	00 F & C F F F F F F F F F F F F F F F F F	12.7	12.2	0.00	7 0 0 0 0 0 0 0 0 0	96.4	126.700	3.580	0 00 0 00 0 00	75,125	2,123	7 C C C C C C C C C C C C C C C C C C C
NEW YORK	75.735	1.2	3	ಯ	2	9	75,33	• 58	8	77.90	• 31	
PENASKEVANIA	63.280	11.4	-	CV	C	7 •	12,10	• 35	6	0 + 1 0	• 05	1.
EAST HORTH CENTRAL	.,	10.9	0	0	2,145	-	01,49	96	272	35,61	15	8
TELITOTS	50,395		0	U)	536	9	96.	•25	295	2.49	+23	8
eq.	27 + 435		0	G.	286	9	68.99	• 43	225	51,94	• 8 •	7.
NADIHOIC	47.795		e e	Ç.	511	æ	.87	• 45	316	6 + 78	444	0
2000 1000 1000 1000 1000 1000 1000 1000	56+495	11.0	16.7	522	507	97.5	154,367	2,732	248	12	1,995	73.0
33333	7	4	•	4	022	•	0	T C .	643	1 + 5 0	0	•
WEST MOSTH CENTRAL				-	αc	9	6 + 0 2	• 35	4	6 + 5	•75	4
4 OH	14,150			N	2	۷.	8+65	• 02	2	1 .8	• 54	9
KARSAK	16,995			C	0	9	5,93	• 35	4	9 . 6	.78	5.
女上ののはネストに	15,310	,	11.	148	141	2	6 + 80	• 40	4	0 • 3	• 98	5
1 Y D O O O O O O	36+300	-		Q '	-	- 1	171	0 5 0	M'	ا ا	• 76	0
FORTH DAKOTA	3.140	* H		2 0	190	٠,	6 6 6 5	404	9 4	0 0	• 1	- 4
SCUTH SEKOTA	2 + 8 9 0		7.3	21	21	98.7	5 1063	1,758	237	3 + 9 88	1,385	78.8

LABLE 3

USE CF SHORT STAY HOSPITAL SERVICES BY DISABLED MEDICARE HOSPITAL INSURANCE(HI)BENEFICIARIES: NUMBER OF DISCHARGES. Lays of care, charges, and reimpursement by region, division, and state, 1979

		STAY CI	INSTE OF	DAY	YS OF C	A F. F	TOTAL	CHARGES		REIMBU	EIMBURSEMENT	
		TETAL	COVERED	TOTAL	COV	ERED						
AREA OF RESTORNCE DI	NUMBER OF DISCHARGES	PER DIS- CHARGE	PER OIS- CHARGE	NUMBER (IN THOU-	NUMBER (IN (HOU-	PERCENT OF TOTAL DAYS	AMOUNT (IN THOU-	PER DIS- CHARGE	PER DAY	AMOUNT CIN THOU-	PER DIS- CHARGE	PERCENT OF TOTAL CHARGES
SCUTH ATLANTIC	222,395	رم د ت	9.3	2,112	2,065	-	2	6	248	4	•62	œ :
DELAWASE Dens of Co. Lenne	2,575	2 0 10 10 10 10 10 10 10 10 10 10 10 10 10	10.0	26	26	97.1	7,28	38.5	~ 4	5.4.8.9 9.00	2,132	75.3
CISI OF COLORDIA	60007	10.0	ຳ o	) L	5.5		1 1 0 0	0 6	n a	7.54	774	• • •
4 F C C C C C C C C C C C C C C C C C C	0.40	α	. 6	٠.	300		76.60		) M	52.20		0
CNALYSAN	15,340	11.	11.5	181	176		448	, N	~	986	.72	•
ANIJCAROLINA	36,580	6	6	4	336	7.	96.0	.94	ပ	1,96	9 4 2	6
SOUTH CAROLINA	18.205	th-	9.0	W	164	6	96.9	• 03	N	4 . 47	• 34	9
VIRGIVIA	29+150	10.	10.2	C	295	7	0 • 79	• 45	M	4 , 29	•51	5
WEST VIRSINIA	17,240	ď	8.9	<u>د</u> ک	153	å	5 , 95	• 08	n	2•61	•31	å
EAST SOUTH CENTRAL	112,126		8.7	6	~	œ	8,31	0	m	3,12	•27	ี่จึ
	30,455	æ.	8.6	265	262	6.85	67,465	2+215	255	41,102	1,350	6.09
KENTOCKY	24,455	9.	8.8	N	_	7	5,73	•87	0	3,42	,36	P)
INISSISSIN	21 + 990	æ	8.5	G٠	α.	å	8 , 30	•75	0	3,34	• 06	0
TENNESSEE	35 + 210	a.	ω. •		_	9	6,30	•16	4	5 • 2 5	•28	9.
WEST SOUTH CENTRAL	121.670	a.	•	LC.	4	00	3 • 0	90	M	6.33	. 43	œ
ANCAS	19,810	7.		15	15	8	32.6	464	0	20.98	. 05	4
LOUISIANA	23,500	ໝໍ	8.6	204	201	98.7	51,135	2,176	250	31,840	1,355	62.3
OKLAHOHA	17,215	8	•	4	3	8	8 • 0	• 20	9	6,10	.52	e a)
TEXAS	61+145	o.	•	E.	LC	å	1.2	• 14	m	5+31	• 55	å
20 20 20 20 20 20 20 20 20 20 20 20 20 2	4.7 . 225	4	er en	- 47	ß	7	6.05	4	00	5.22	.74	
•1	12,545	7.	9.0	116	112	•	5,55	.83	0	3.88	.90	7.
CCLORADO	15+105	æ.	8.7	Q,	œ	7	• 89	• 46	7	0.2.	•71	9
CH70I	3+635	7.	6.9	26	25	7.	9249	• 75	4	•97	•37	•
MONIANA	3 + 6 40	<b>.</b>	6.9	26	25	o i	6,10	9.65	M	,73	• 28	
	5 650	× 0	æ .	32	31	ģ,	937	1	S,	484	•15	6
TEN MENACO	2 4 4 C C C C C C C C C C C C C C C C C	z) a	× 6	a+ c ⊃ 0	ж 9 с	ŝ	1,20		7 00	400	• 75	• •
HACHING	1,290	- α	8.2	1 0	11	0.00	2,730	2,116	257	2 0 0 4 0	1,582	7.47
	,		,									
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	155.080	φ -	100	1,170	1,152	00 4 00 4	431,241	<b>-</b> .,	368	<b>~</b> °	cs .	å
CALIFOWNIA	108.889	2 LC	200	903	0 0 0 0	• •	0 4 0 4	0 10	να	0 6	9 to 0	
HAWAII	2.485	6.6	9.1	I C	N	: :	7.82	41.	•	5.67		,
OREGON	10,935	8	7.8	87	) &		7.50	51		3.07	• 11	1 6
WASHIVGTON	15.280	7.9	7.6	129	124	. \$	90	90	262	28,359	174	83.8
RESIDENCE UNKNOWN	1,355	11.7	11.3	16	15	06.1	8 • 928	6+589	561	5,511	4.067	61.7
	r			i								
PURATO AICO	7,365	7 0 • •	ວ ຄ. ວ ຄ.	2 60	9 9	2 0 0 0 0 0 0 0 0 0 0	10,106	1,535	14 C 139	5 4 7 2 5	757	55.6 55.2
ALL CIMER AREAS	200	13.3	•	ю	ю	4	9	934	~	0	0	ů
FOREIGN.	240	10.0	0` •	8	6	9.66	831	3,463	347	590	2,457	70.9

Table 4--Approximate Standard Error of Estimated Number of Discharges Using Services

Discharges	Standard Error
50	22
70	26
100	31
200	44
300	53
500	69
700	81
1,000	97
2,000	140
3,000	170
5,000	210
7,000	250
	1
10,000	300
20,000	420
30,000	510
50,000	660
70,000	780
• •	
100,000	920
200,000	1,300
300,000	1,600
500,000	2,000
700,000	2,400
	1
1,000,000	2,900
2,000,000	4,000
3,000,000	4,900
5,000,000	6,300
7,000,000	7,400
	!
10,000,000	8,800

Table 5--Approximate Standard Error of Estimated Days of Care

Estimated Days	Standard Error
of Care	
500	230
700	280
1,000	330
2,000	480
3,000	590
5,000	770
7,000	920
1,000	1
10,000	1,100
20,000	1,600
30,000	2,000
50,000	2,600
70,000	3,000
70,000	3,000
100,000	3,700
200,000	5,200
300.000	6,500
500,000	8,400
700,000	10,000
100,000	20,000
1,000,000	12,000
2,000,000	17,000
3,000,000	21,000
5,000,000	28.000
7,000,000	33,000
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33,000
10,000,000	40,000
20,000,000	57,000
30,000,000	71,000
50,000,000	92,000
70,000,000	110,000
, , , , , , , , , , , , , , , , , , , ,	, , , , ,
100,000,000	130,000

Table 6--Approximate Standard Error of Estimated Charges of reimbursement

	Charles 1
Estimated Dollars	
	\$ 10,000
20,000	16,000
30,000	21,000
50,000	27,000
70,000	33,000
100,000	40,000
	58,000
	72,000
500,000	95,000
700,000	110,000
1,000,000	140,000
	200,000
3,000,000	250,000
5,000,000	330,000
7,000,000	400,000
10,000,000	480,000
20,000,000	710,000
30,000,000	880,000
50,000,000	1,200,000
70,000,000	1,400,000
400 000 000	4 700 000
100,000,000	1,700,000
200,000,000	2,500,000
300,000,000	3,100,000
500,000,000	4,100,000
700,000,000	4,900,000
1,000,000,000	5,900,000
2,000,000,000	8,700,000
3,000,000,000	11,000,000
5,000,000,000	14,000,000
7,000,000,000	17,000,000
7,000,000,000	17,000,000
10,000,000,000	21,000,000
20,000,000,000	30,000,000
30,000,000,000	38,000,000

Table 7--Approximate Standard Error of Days Per Discharge

10 .20	.10	1	11	Base o .50	of Rate ( .70 .67	Dischar 1.0	Discharges in Th 1.0 2.0 .57 .41	3 3	5.0	7.0	10	20
1.1				.87	ħ <i>L</i>	.62	45	.37	.29	.24 .24	.21	
	1.5		Q (	.94	8 8	89	87.		.31	.26	.22	•
			Υ :	0.	.87	•73	.52		•33	.28	•24	.17
1.	1.7 1.4	1.4		1.1	• 63	.78	•56		•36	•30	•26	.18
1.5	1.8 1.5	1.5		1.2	1.0	₩8.	09.	64.	•38		.27	.19
1.7	٦.	1.7		1.3	1.1	•95	.68	•55	.43	.37	.31	.22
1.9	<b>⇒</b> .	1.9		1.5	1.3	1.1	92.	•62	8 <sub>†</sub> .		•34	,24
2.2		2.2		1.7	1.4	1.2	8⁴	69.	.53		.38	.27
200				, ,	500	700	- 1	2,000	3,000	5,000	7,000	10,000
					.029	.025	.021	.015	.012	.010	.0083	.0070
				.041	.032	.027	.023	•016	.014	.011	0600°	9200.
					.034	.029	.025	.018	.015	.011	1600	.0082
					•036	.031	•026	.019	.015	.012	.010	.0087
					•039	•033	.028	.020	•010	.013	.011	•0092
•	h90° 680°	•		.052	.041	.035	.029	.021	.017	.014	.012	7600.
.071	•	•		.058	940.	•039	.033	.023	.019	.015	.013	.011
•	•	•		090.	.050	.043	•036	•026	.021	•016	.014	.012
·	•	•		020	.055	.047	•039	.028	.023	.018	.015	.013

Table 8--Approximate Standard Error of Charges or Reimbursement Per Discharge

	20	\$14	18	21	24	35	94	58	7.1		000	96.	1.1	1.3	1.5			2.5	3.0	3.4	
											10,000	↔	~~	10	~						
	10	\$ 19	24	28	33	48	ħ9	82	100		7,000	\$ 1.1	1.3	1.5	1.8	C	7	0°0	3.5	4.1	
	7	\$ 23	29	33	39	57	92	86	120		5,000	\$ 1.2	1.5	1.8	2.1	C	C • J	3.0	3.5	4.1	
	5	\$ 26	33	38	45	29	96	120	140		3,000	\$ 1.5	1.9	2.3	5.6	9	) . ) .	7.7	5.5	6.1	
ands)	٣	\$ 33	41	748	22	85	120	150	190		2,000	\$ 1.8	2.3	2.7	3.1	2	)  -  -	5.3	6.3	7.4	
of Rate (Discharges in Thousands)	2	\$ 40	20	28	89	100	140	180	230		1,000	\$ 2.5	3.2	3.7	4.3	C C	0 1	7.3	8.7	10	
harges	7	\$ 54	29	78	93	140	200	260	330		700	\$ 2.9	3.7	4.3	5.0	9		φ.	10	12	
e (Disc	.7	\$ 63	4	95	110	170	240	310	390		500	\$ 3.4	4.3	5.0	5.8	α		10	12	14	
	.5	\$ 73	92	110	130	200	280	370	470		300	\$ 4.3		6.2		0	0 (	73	16	18	
Base	٠.	\$ 92	120	130	160	250	380	480	610		500	\$	9	7.5	∞	12	- ,	7	19	23	
	.2	\$110	140	160	190	310	0 † †	280	750		100	\$ 7.0	80	10	12	17	- 7	21	56	32	
	٦.	\$150	190	220	270	044	530	840	,100	i	20	\$ 8.2	10	12	14	00	) (	52	31	38	
	.07			260		520	160	1,000	1,300	i	20	\$ 9.5	12	14	16	23	) (	20	37	45	
L	•05	\$200	260	300	370	610	006	1,200	1,500	,	30	\$12	16	17	20	20	) (	28	17	58	
Dollars Per Discharge		\$ 300	200	700	1,000	2,000	3,000	4,000	5,000			\$ 300	200	700	1,000	2,000		3,000	4 ,000	2,000	

Table 9--Approximate Standard Error of Charges Per Day or Reimbursement Per Day

Dollars Per	L														
Discharge						Base of	Base of Rate (Discharges in Thousands)	Dischar	tes in T	housand	s)				
	•05	.1	.2	•3	•5	.7	10	20	30	50	0	70	100	200	300
\$ 50	\$ 20	\$15	\$11	* 6 \$	1 \$ 7.2	2.9 \$ 2	\$ 5.	3 \$ 3	6, \$	.3 \$	2.6	\$ 2.2	\$ 1.9	\$ 1.4	\$ 1.2
70	22	16	12	10	8.0	6.9	5.9	. ta ta .	3	9.	5.9	2.5	2.1	1.6	1.3
100	56	19	14	=	9.1	7.8		7 4.	5	-	3.5	2.8	2.4	1.7	ا ر
200	ከተ	35	23	19	15	12	=	7	9 9	6.2	6° h	4.2	3.5	2.5	2.1
300	7.1	20	36	29	23	19	16	12	6	5.	7.4	6.3	5.3	8	3.1
400	100	72	51	42	32	27	23	16	13	10	0	ω «	7.4		4.3
	200	700	1,000	2,000	3,000	5,000	7,000	10,000	20,000	30,000	50,000		70,000 100	100.00	
\$ 50	η6°\$	\$.81	\$.81 \$.69	\$.51		\$.34		\$.25	\$.18	\$.15	\$.12	1		\$ 00	
70	1.0	.90	.77		74.	.38	.32	.28	•20	.17	.14			10	
100	1.2	1.0	.85		.52	.42	•36	.31	•23	. 19	.15		13	11.	
200	1.7	1.4	1.2		.72	.57	6ħ.	.41	•30	.25	.20	•	17	14	
300	2.4	2.1	1.7		1.0	.80	89.	.57	41	•34	.26		.23	.19	
400	3.4	2.8	2.4	- 1	1.4	1.1	-92	.77	.55	· 45	.35		30	.25	
											The state of the last		The state of the s	The state of the s	

Table 8--Approximate Standard Error of Charges or Reimbursement Per Discharge

חסדדמו ה ובו														
Discharge					Base	Jo	Rate (Discharges	harges	in	Thousands)				
	•05	.07	.1	.2		•5	.7	1	2	3	5	7	10	20
300	. \$200	\$180	\$150	\$110	\$ 92	\$ 73	\$ 63	\$ 54	01 \$	\$ 33	\$ 26	\$ 23	\$ 19	\$14
200	260	220	190	140	120	95	62	29	20	41	33	29	54	18
700	300	260	220	160	130	110	95	78	58	48	38	33	28	21
000	370	310	270	190	160	130	110	93	68	24	45	, 39	33	24
2,000	610	520	044	310	250	200	170	140	100	85	29	57	817	35
0000	900	160	530	044	380	280	240	200	140	120	96	92	ф9	94
000	1,200	1,000	840	230	480	370	310	260	180	150	120	96 '	82	58
000	1,500	1,300	1,100	750	610	470	390	330	230	190	140	120	100	71
	30	50	70		200	300	500	700	1,000	2,000	3,000	2,000	7,000	10,000
300	\$12	\$ 9.5	\$ 8.2	\$ 7.0	\$ 5.2	\$ T	\$ 3.4	\$ 2.9	\$ 2.5	\$ 1.8	\$ 1.5	\$ 1.2	\$ 1.1	\$ .90
200	16	12	10	<b>ф</b>	6.5		4.3	3.7	3.2	2.3	1.9	1.5	1.3	1.1
200	17	14	12		7.5	9	5.0	4.3	3.7	2.7	2.3	1.8	1.5	1.3
000	20	16	14		8.7	7.	5.8	5.0	4.3	3.1	2.6	2.1	1.8	1.5
2,000	29	23	20	17	12	10	8.0	6.9	5.9	4,3	3.6		•	2.1
0000	38	30	25	21	15	13	9	8.6	7.3	5.3	7.7		•	2.5
0000	17	37	31	56	19	16	12	10	8.7	6.3	5.2	3.5	3.5	3.0
5.000	ς. α	45	38	32	23	18	17	12	7	7 1	, ,			~ ~

Table 9--Approximate Standard Error of Charges Per Day or Reimbursement Per Day

DOTTON LCI															
Oischarge						Base o	Rate (	Base of Rate (Discharges in Thousands)	ges in	Thousan	ds)				
	•05	.1	.2	٤,	•5	.7	10	20	3	0	50	70	100	200	300
\$ 50	\$ 20	\$15	\$11	\$ 9.1	1 \$ 7.2	\$ 6.5	2 \$ 5.	€9	3.9 \$ 3	٣.	\$ 2.6	\$ 2.2	\$ 1.9	\$ 1.4	\$ 1.2
70	22	16	12	10			9 5.9	4 6.	r.	3.6	2.9	2.5	2.1	1.6	1.3
100	56	19	14	1	9.1	7.8		t 1.	6.	4.1	3.2	2.8	2.4	•	1.5
200	<b>†</b> †	32	23	19		12	Ξ	2	9.	6.2	4.9	4.2	3.5	2.5	2.1
300	71	20	36	29	23	19	16	12		9.5	7.4	6.3	5.3	3.8	3.1
400	100	72	51	42	32	27	23	16			10	8.8	7.4	5.3	
	500	700	1,000	2,000	000	2,000	7,000	10,000	20,000	30,000			70,000	100,00	
\$ 50	\$.94	\$.81	\$.69	\$.51	\$.43	\$.34	\$.29	\$.25	\$.18	l	\$.12		\$.11	\$.09	
70	1.0	.90	.77	•56		•38	.32	•28	• 50	.17		7	.12	.10	
100	1.2	1.0	.85	.63		.42	•36	.31	.23			15	.13	.1	
200	1.7	1.4	1.2	.87		.57	64.	.41	•30		.20	0	.17	.14	
300	2.4	2.1	1.7	1.2	1.0	.80	.68	.57	.41	.34	S	.26	•23	.19	
400	3.4	2.8	2.4	1.7	1.4	-:	.92	.77	.55	. 45	.35	īv	.30	.25	





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